

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037526

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9709

STATE FILE NUMBER

FILED OCT 4 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

15 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Jewish Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY  
OR  
TOWN

Pagedale

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

1511 Engleholm

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First  
HYMAN

Middle

Last  
FELDMAN

## 4. DATE OF DEATH

Month

SEPT.

Day

28

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

Cauc.

7. Married ☐Widowed ☐

## 8. DATE OF BIRTH

7-4-1890

## 9. AGE (last birthday)

73

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Purchasing Agent

## 11. BIRTHPLACE (City and state or country)

Russia

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Meyer Feldman

## 13b. MOTHER'S MAIDEN NAME

Leah Blumberg

## 14. NAME OF HUSBAND OR WIFE

Mrs. Jane Richter 1511 Engleholm

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of stomach with  
metastasis to liver & peritoneum

## INTERVAL BETWEEN ONSET AND DEATH

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

151x

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1937 to Sept 28/63 and last saw him alive on Sept 28, 1963  
Death occurred at 8:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Alfred Feldman M.D.

## 22b. ADDRESS

634 N. Grand

## 22c. DATE SIGNED

9/29/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Rem.

## 23b. DATE

9/30/1963

## 23c. NAME OF CEMETERY OR CREMATORY

B'nai Amoona

## 23d. LOCATION (City, town, or county)

University City, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson

## 25. DATE REC'D BY LOCAL REG.

SEP 30 1963

## 26. REGISTRAR'S SIGNATURE

H. Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lawrence J. Brine

Licensed Embalmer No. 3988

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.